

INFORMATIONAL LETTER NO. 2027-MC-FFS

DATE: August 8, 2019

TO: Iowa Medicaid Home- and Community-Based Services (HCBS) Waiver Providers

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Iowa Medicaid Universal HCBS Waiver Provider Application

EFFECTIVE: August 1, 2019

In an effort to streamline the IME and Managed Care Organization (MCO) HCBS provider enrollment process, the Iowa Medicaid HCBS Waiver Provider Application, [Form 470-2917](#)¹, now includes a section for providers to credential with the MCOs. While the form number for this application will remain the same, [Form 470-2917](#)² is now entitled Iowa Medicaid Universal HCBS Waiver Provider Application to reflect the changes to the application. The Iowa Medicaid Universal HCBS Waiver Provider Application with the revision date of July 2019 is the only version of the provider application that will be accepted by the IME after **August 1, 2019**.

HCBS Provider Application Documents:

Individual applicants applying to provide Consumer-Directed Attendant Care (CDAC) must complete and submit the following forms for IME:

- [Form 470-2917](#) – Iowa Medicaid Universal HCBS Waiver Provider Application (Sections: I and II)
- [Form 470-2965](#) – Provider Agreement
- [Form 470-4202](#) – EFT
- IRS Form W9
- [Form 470-4612](#) – Individual CDAC Disclosure
- [Form 470-4457](#) – Atypical Provider Declaration
- [Form 470-4227](#) – Record Check Consent

¹ <https://dhs.iowa.gov/sites/default/files/470-2917.pdf?062020191325>

² <https://dhs.iowa.gov/sites/default/files/470-2917.pdf?062020191325>

- Proof of age (copy of driver's license, birth certificate, state issued ID, passport)

Agencies and businesses applying for waiver services must complete the following form for IME:

If you are enrolling in the Medicaid program for the first time or already enrolled, but you have a new Tax Identification Number, the following forms are required:

- [Form 470-2917](#) – Iowa Medicaid Universal HCBS Waiver Provider Application (Sections: I and II. If intending to contract and credential with the MCOs, complete section IV)
- [Form 470-2965](#) – Provider Agreement
- [Form 470-4202](#) – EFT
- IRS Form W9
- [Form 470-5112](#) – Designated Contact Person

Agencies adding on waiver services:

If you are already enrolled and active, to add services to your existing enrollment the following form is required:

- [Form 470-2917](#) – Iowa Medicaid Universal HCBS Waiver Provider Application (Sections: I and III)

Additional MCO Credentialing Information: Important Reminders

If you are interested in credentialing and contracting with the MCOs, please complete the Iowa Medicaid Universal HCBS Waiver Provider Application in its entirety. In order for the MCOs to complete the credentialing process, you must first be fully approved as an enrolled provider with IME. All applicants must complete all questions (unless otherwise noted). If a question is not applicable, please write N/A.

If you have any questions, please contact the IME Provider Enrollment Unit at 1-800-338-7909, or by email at imeproviderenrollment@dhs.state.ia.us.